

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02728

02718 CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b 20 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION River Road				d. STREET ADDRESS River Road				
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)	First Nettie	Middle Lena	Last Baltimore	4. DATE OF DEATH March 14 1957	Month March	Day 14	Year 1957	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1883	9. AGE (in years last birthday) 73 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Spencer Jones				14. MOTHER'S MAIDEN NAME Lear Jane Strawberry				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 216-14-9009		17. INFORMANT Thomas A. Baltimore, Federalsburg, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 482.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Month. Day. Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Federalsburg	(County) Maryland	(State) Maryland
21. I certify that I attended the deceased from <u>June</u> , 1955, to <u>3/14/57</u> , that I last saw the deceased alive on <u>3/14/57</u> , and that death occurred at <u>5:43 P.M.</u> from the causes and on the date stated above.								
ADDRESS (Street, city or town, state)								
DATE SIGNED 3/13/57								
ACTUAL SIGNATURE Frank M. Anderson M.D.								
PHYSICIAN'S NAME (Type) Frank M. Anderson, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 18, 1957		22c. NAME OF CEMETERY OR CREMATORIAL Federal Hill Cemetery		22d. LOCATION (City, town, or county) Federalburg, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Maryland				24a. REC'D BY REGISTRAR DATE Mar. 18, 1957		24b. REGISTRAR'S SIGNATURE Margaret H. Frampton		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: If this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be retained for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

REGISTRATION

BUREAU V. S.
RECEIVED
MAR 26 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02729

02719 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>		c. LENGTH OF STAY IN 1b <i>15 yrs</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>X2 Denton</i>	
d. STREET ADDRESS <i>/</i>		d. STREET ADDRESS <i>/</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>HARRY REGINALD HARRISON JR</i>		First <i>HARRY</i>	Middle <i>REGINALD</i>
4. DATE OF DEATH <i>MARCH 2 1957</i>		Lost <i>1957</i>	Month <i>MARCH</i> Day <i>2</i> Year <i>1957</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 13, 1918</i>
9. AGE (In years last birthday) <i>38 yrs</i>		10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MERCHANT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>GROCERY</i>	
10c. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>HARRY R. HARRISON, SR.</i>		14. MOTHER'S MAIDEN NAME <i>LILLIAN COWBOURNE</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>123-45-6789</i>	
17. INFORMANT <i>Mrs. HARRY HARRISON, DENTON, MD</i>		Address <i>Denton, MD</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>193X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Cancer brain</i>			
DUE TO <i>193X</i>			
DUE TO <i>Cancer brain</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>March 2, 1957</i> to <i>March 2, 1957</i> that I last saw the deceased alive on <i>March 1, 1957</i> , and that death occurred at <i>3:30 PM</i> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Denton, Md</i>	
ACTUAL SIGNATURE <i>E. Paul Knotts</i>		DATE SIGNED <i>March 5, 1957</i>	
PHYSICIAN'S NAME (Type) <i>E. Paul Knotts</i>		Denton, Md	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>MAR. 5, 1957</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>GEORGE WASHINGTON</i>		22d. LOCATION (City, town, or county) (State) <i>HARROCK, MD.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Vergil Moore, Son</i>		ADDRESS <i>Denton, Md</i>	
24a. REC'D BY REGISTRAR DATE <i>3-5-57</i>		24b. REGISTRAR'S SIGNATURE <i>Sam D. George</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached and for use as the burial permit. Then please remove carbon paper. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

MAR 7 1957

REFUGEE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02730

02730 CERTIFICATE OF DEATH

Reg. Dist. No. 62

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be retained by the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Maryland</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>		c. LENGTH OF STAY IN 1b <i>life</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>				
d. STREET ADDRESS <i></i>		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <i>MARY</i>		First <i>MARY</i>	Middle <i>ELIZABETH</i>			
4. DATE OF DEATH <i>11/18/57</i>		5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>			
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>12/13/1874</i>				
9. AGE (In years last birthday) <i>83 yrs.</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>			
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>				
13. FATHER'S NAME <i>William Colman</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Benton</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>				
17. INFORMANT <i>Brother, Layton, Denton, Md.</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio sclerosis</i>				
450.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. <i></i>		DUE TO <i></i>				
(b) <i></i>		DUE TO <i></i>				
(c) <i></i>		INTERVAL BETWEEN ONSET AND DEATH <i>16 yr</i>				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Chronic osteo and rheumatoid arthritis 16 yr</i>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) <i></i>				
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	20f. (City or town) <i></i>	(County) <i></i>	(State) <i></i>
21. I certify that I attended the deceased from alive on <i>March 28, 1957</i> , and that death occurred at <i>3 a.m.</i>		March 30, 1957, to <i>Mon 29, 1957</i>		that I last saw the deceased ADDRESS (Street, city or town, state) <i>Denton, Md</i>		
ACTUAL SIGNATURE <i>E. Paul Knotts</i>		M.D.		DATE SIGNED <i></i>		
PHYSICIAN'S NAME (Type) <i>E. Paul Knotts M.D.</i>		Denton, Md				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Apr. 1, 1957</i>		22b. DATE THEREOF <i>1957</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Denton</i>		22d. LOCATION (City, town or county) <i>Denton, Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>John George Moore Son Denton</i>		ADDRESS <i></i>		24a. REC'D BY REGISTRAR DATE <i>3/30/53</i>		24b. REGISTRAR'S SIGNATURE <i>Wm. D. George</i>

APR 2 1957

RECEIVED

APR 2 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02721

CERTIFICATE OF DEATH

02731

Reg. Dist. No. 60

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro		b. COUNTY Caroline	
c. LENGTH OF STAY IN 1b 58 Yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XO Goldsboro	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		d. STREET ADDRESS None	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Emma		First Alice	Middle Johnson
4. DATE OF DEATH 2 Month 3 Day 19 Year 57			
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/7/1876	
9. AGE (In years lost <input type="checkbox"/> today) 80 yrs.		10. IF UNDER 1 YEAR Months 0	
11. IF UNDER 24 HRS. Days 0		12. IF UNDER 24 HRS. Hours 0	
13. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry J. Clayville		14. MOTHER'S MAIDEN NAME Mary Sturges	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT No		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 578 DUE TO Intestinal Hemorrhage (cause unknown) INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Intestinal Obstruction			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>March 3, 1957</u> , to <u>March 3, 1957</u> , that I last saw the deceased alive on <u>March 3, 1957</u> , and that death occurred at <u>4P</u> . M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) Greensboro, Maryland DATE SIGNED 3/5/57			
ACTUAL SIGNATURE Charles H. Stonesifer PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (specify) Burial		22b. DATE THEREOF 3/6/57	
22c. NAME OF CEMETERY OR CREMATORIAL Whitcote		22d. LOCATION (City, town, or county) Snow Hill, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE F. E. Boulaire Greensboro, Md.		24a. REC'D BY REGISTRAR DATE 3/7/57	
ADDRESS		24b. REGISTRAR'S SIGNATURE A. Black Smith	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be dated for use of the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF THE STATE
CERTIFICATE OF DEBT

BUREAU V. S.

MAR 8 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02732

Reg. Dist. No. 44

1. PLACE OF DEATH a. COUNTY Caroline			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Marylnad b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg,		c. LENGTH OF STAY IN lb 10 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XO Federalsburg, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Liberty Road			d. STREET ADDRESS 1 Liberty Road		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) William Jopp		First William	Middle Robert	Last Jopp	4. DATE OF DEATH March 22 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 1, 1942	9. AGE (in years last birthday) 14 yrs.	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) high school student		10b. KIND OF BUSINESS OR INDUSTRY student		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME William Jopp			14. MOTHER'S MAIDEN NAME Jane Atkinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Jane Glessner Address Federalsburg, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Skull Fracture DUE TO 812X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Automobile accident DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Ran down by Automobile					
20c. TIME OF INJURY Hour 10 o.m. 3-22-1957		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway Federalsburg Caroline Md	20f. (City or town) Federalsburg	(County) Caroline (State) Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>					
ACTUAL SIGNATURE Raymond D. George			M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
DATE SIGNED					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 26	22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Hillcrest Cemetery		22d. LOCATION (City, town, or county) (State) Federalsburg, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE X. Warren W. Steiner			24a. REC'D BY REGISTRAR March 26, 1957 24b. REGISTRAR'S SIGNATURE Margaret H. Hampton		

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to [redacted], cremation, or removal.

VS. A15ME(5)
5M 9/55

RECEIVED
BUREAU V. S.

MAR 29 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02733

02723 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural		c. LENGTH OF STAY IN lb Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural		d. STREET ADDRESS Near Harmony		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Harmony				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First William	Middle August	Last Kemp	4. DATE OF DEATH March 12	Month March	Day 12	Year 1957
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> August 5, 1894	9. AGE (In years last birthday) 32 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME August Kemp				14. MOTHER'S MAIDEN NAME Mollie Willoughby				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 111-10-1234	17. INFORMANT Anna Wheedleton, Preston, Maryland, I.F.D.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH 2 hr. years				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Federalsburg, Md.		(County)	(State)
21. I certify that I attended the deceased from 2-27-1957 to 3-12-1957, that I last saw the deceased alive on 3-12-1957, and that death occurred at 11:45 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) Federalsburg, Md.								
ACTUAL SIGNATURE R. C. Kingsbury M.D.								
DATE SIGNED 3/15/57								
PHYSICIAN'S NAME (Type) R. C. Kingsbury		22d. LOCATION (City, town, or county) Federal boro., Maryland						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 16, 1957	22c. NAME OF CEMETERY OR CREMATORIAL Hill Crest Cemetery		22d. LOCATION (City, town, or county) (State) Federal boro., Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Franklin Son, Federalsburg, Maryland				ADDRESS	24a. REC'D BY REGISTRAR DATE 3-16-57	24b. REGISTRAR'S SIGNATURE Cornelia W. Plummer		

BUREAU V. S.

MAR 18 1937

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02734

02734 CERTIFICATE OF DEATH

Reg. Dist. No.

64

1. PLACE OF DEATH a. COUNTY Careline MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE Md. b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hickman		c. LENGTH OF STAY IN 1b 12 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION none		d. STREET ADDRESS none	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Mary Ida Melvin		First	Middle
		Last	4. DATE OF DEATH March 9, 1957
5. SEX fem.	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Caroline Co. Md.
13. FATHER'S NAME Thomas Trice		14. MOTHER'S MAIDEN NAME Sarah Collins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. DeWeese Passwaters Hickman, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 8 years	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last General arteriosclerosis			
DUE TO Diabetes Mellitus		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 24 years	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Oct. 10, 1949 to March 9, 1957 , that I last saw the deceased alive on March 8, 1957 , and that death occurred at 3 a. M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Denton, Md. DATE SIGNED E. Paul Knotts	
ACTUAL SIGNATURE E. Paul Knotts M.D.		PHYSICIAN'S NAME (Type) E. Paul Knotts M.D. Denton, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF 3/12/57	22c. NAME OF CEMETERY OR CREMATORIAL Concord Cemetery	22d. LOCATION (City, town, or county) near Denton, Md. (State)
23. FUNERAL DIRECTOR'S SIGNATURE Arnold W. Ellsworth		24a. REC'D BY REGISTRAR DATE Mar 12, 57	24b. REGISTRAR'S SIGNATURE Margaret H. Frampton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and used as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUDEAU V. S.

MAR 22 1957

BUDEAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02735

CERTIFICATE OF DEATH

02735
66

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Ridgely</i>		c. LENGTH OF STAY IN 1b <i>Ridgely</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		d. STREET ADDRESS <i></i>		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First <i>ELA</i>	Middle <i>ELIZABETH</i>	Last <i>MILLS</i>	
4. DATE OF DEATH	Month <i>MARCH</i>	Day <i>20</i>	Year <i>1957</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR 14, 1880</i>	
9. AGE (In years last birthday) <i>77 yrs</i>		10. IF UNDER 1 YEAR Months <i></i>	11. IF UNDER 24 HRS Days <i></i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Elijah W. Jones</i>		
14. MOTHER'S MAIDEN NAME <i>Priscilla Lewis</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i></i>		
16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i>Rev. Ralph Jones, Ridgely, Md.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years.</i>		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) <i>Hyperkinetic</i>		DUE TO <i>Heart Disease</i>		
DUE TO <i></i>		DUE TO <i></i>		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i></i>		
20c. TIME OF INJURY Hour o. m. p. m.	Month <i>19</i>	Day <i></i>	Year <i></i>	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	20f. (City or town) <i></i>	(County) <i></i>	(State) <i></i>
21. I certify that I attended the deceased from <i>January 15, 1957</i> to <i>March 15, 1957</i> that I last saw the deceased alive on <i>March 15, 1957</i> , and that death occurred on <i>March 15, 1957</i> M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>Charles H. W. Acosta</i>				
ADDRESS (Street, city or town, state) <i>RIDGEY, Maryland</i>				
DATE SIGNED <i></i>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Mar. 23, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Bethelview Memorial</i>	22d. LOCATION (City, town, or county) <i>Merchandise, N. J.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Newson Denton, Md.</i>		ADDRESS <i></i>	24a. REC'D BY REGISTRAR <i></i>	24b. REGISTRAR'S SIGNATURE <i>Mary E. Laird</i>
DATE <i>3/26/57</i>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician and completely filled in by the funeral director.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU Y. L.

1957

Y. L. BUREAU

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02726

CERTIFICATE OF DEATH

02736

Reg. Dist. No.

66

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely		c. LENGTH OF STAY IN 1b 77 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X/ Rural Ridgely	
3. NAME OF DECEASED (Type or print) Lillie		First Mae	Middle Redden
4. DATE OF DEATH 3 17 1957		Month	Day
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/ 11/1879
9. AGE (In years last birthday) 77 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Caleb Willis		14. MOTHER'S MAIDEN NAME Rebecca Adams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Henry Lister		Address Ridgely, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Disease INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Arteriosclerotic Cardiovascular Dis. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X Diabetes Mellitus 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan. 1, 1955, to Mar. 17, 1957, that I last saw the deceased alive on Mar. 17, 1957, and that death occurred at 5 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Charles H. Stonesifer, M.D. 3/18/57			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/20/57	22c. NAME OF CEMETERY OR CREMATORIAL Greensboro
22d. LOCATION (City, town, or county) Greensboro, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire		ADDRESS Greensboro, Md.	24a. REC'D BY REGISTRAR DATE: 3-20-57
			24b. REGISTRAR'S SIGNATURE Mary E. Laird

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

RECEIVED
MAY 22 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

02737

02727 CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg.		c. LENGTH OF STAY IN lb 50 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XO Federalburg, Md.		d. STREET ADDRESS /	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION W. Central Avenue						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First James	Middle H.	Last Webb	4. DATE OF DEATH March 22	Month March	Doy 22	Year 18757
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1885	9. AGE (In years last birthday) 71 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood dealer		10b. KIND OF BUSINESS OR INDUSTRY seafood dealer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME James H. Webb		14. MOTHER'S MAIDEN NAME Elizabeth Rue					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Corrine Reed		Address Baltimore, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		Coronary Thrombosis Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 hr. Syrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, farm, factory, street, office bldg., etc.)	20f. (City or town) Federalburg	(County) Md.	(State) Md.	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Federalburg, Md.		DATE SIGNED 3/25/57	
ACTUAL SIGNATURE Frank M. Anderson, M.D.							
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 25.		22c. NAME OF CEMETERY OR CREMATORIY Hillcrest Cemetery		22d. LOCATION (City, town, or county) Federalburg, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE X		ADDRESS Federalburg, Md.		24a. REC'D BY REGISTRAR Margaret H. Franklin		24b. REGISTRAR'S SIGNATURE	
				DATE March 25, 1957			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be retained for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

